## BEST AVAILABLE COPY

|  |  |   |                     |                               |                         |                  |          | ^            | pplication             | or Do   | ocket Num       | oer                    |
|--|--|---|---------------------|-------------------------------|-------------------------|------------------|----------|--------------|------------------------|---------|-----------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO  |  |   |                     |                               |                         |                  |          |              | /                      |         |                 |                        |
| Effective October 1, 2001  |  |   |                     |                               |                         |                  |          |              | 10/00                  | 08      | 788             |                        |
| CLAIMS AS FILED - PART I   |  |   |                     |                               |                         |                  |          | SMALL E      | NTITY                  |         | OTHER           | THAN                   |
|  |  | <u> </u>                                  | (Column             | 1)                            | (Colu                   | (Column 2)       |          | TYPE         |                        | OR      | OR SMALL ENTITY |                        |
| TOTAL CLAIMS   |  |   |                     |                               |                         |                  | . [      | RATE         | FEE                    |         | RATE            | FEE                    |
| FOR  |  |   | NUMBER FILED        |                               | NUMBER EXTRA            |                  |          | BASIC FEE    | 370.00                 | OR      | BASIC FEE       | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | <i>38</i> minus 20= |                               | *                       | 6                |          | X\$ 9=       |                        | OR      | X\$18=          | 108                    |
| INDEPENDENT CLAIMS   |  |   | /2 minus 3 =        |                               | *                       | 6                |          |              |                        | OR      | X84=            | 504                    |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PF                             | RESENT              |                               |                         |                  |          | +140=        |                        | OR      | +280=           |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                     |                               |                         |                  |          | TOTAL        |                        | OR      | TOTAL           | 1352                   |
| CLAIMS AS AMENDED - PART II  |  |   |                     |                               |                         |                  |          |              | L,,                    |         | OTHER           |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                     |                               |                         |                  | _        | SMALL        | ENTITY                 | OR      | SMALL           |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY            | PRESENT<br>EXTRA |          | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE            | ADDI-<br>TIONAL<br>FEE |
| NON  | Total  | *   | Minus               | **                            |                         | =                |          | X\$ 9=       |                        | OR      | X\$18=          |                        |
| AME  | Independent                                    | *   | Minus               |                               |                         | =                |          | X42=         |                        | OR      | X84=            |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                     |                               |                         |                  | ןו       | +140=        |                        | OR      | +280=           |                        |
|  |  |   |                     |                               |                         |                  |          | TOTAL        |                        | ł       | TOTAL           |                        |
|  |  |   |                     |                               |                         |                  |          |              | L                      | OR      | ADDIT. FEE      |                        |
|  | ,  | (Column 1)                                | !                   |                               | mn 2)<br>HEST           | (Column 3)       | ٦- ،     |              |                        | •       |                 | r :==:                 |
| DMENT B  |  | REMAINING —<br>AFTER<br>AMENDMENT         |                     | NUM<br>PREVI                  | BER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |          | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE            | ADDI-<br>TIONAL<br>FEE |
| MON  | Total  | ·60                                       | Minus               | **                            | 38                      | =22              |          | X\$ 9=       |                        | OR      | X\$18=          |                        |
| AMEN   | Independent                                    | <u> </u>                                  | Minus               | ***                           | 2                       | =                |          | X42=         |                        | OR      | X84=            |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPEND          |   |                     | PENDEN                        | T CLAIM                 |                  |          | +140=        |                        | OR      |                 |                        |
|  |  |   |                     |                               |                         |                  |          | TOTAL        |                        | 4       | TOTAL           |                        |
|  |  |   |                     |                               |                         |                  |          | ADDIT. FEE   |                        | OR      | ADDIT. FEE      |                        |
|  |  | (Column 1)<br>CLAIMS                      | 7                   |                               | ımn 2)<br>HEST          | (Column 3        | <u> </u> |              |                        | -       |                 |                        |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                     | NUI<br>PREV                   | MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE            | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus               | **                            |                         | =                |          | X\$ 9=       |                        | OR      | X\$18=          |                        |
| ME   | Independent                                    | *   | Minus               | ***                           |                         | =                | ]        | X42=         |                        | OR      | X84=            |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDEN        |   |                     |                               | IT CLAIM                |                  |          |              | 1                      | 1       |                 | 1                      |
| ١.   | If the entry is sel-                           | ıma 1 ic looc than t                      | he entry in eal     | uma a um                      | to "O" in a             | oluma 3          |          | +140=        |                        | OR      |                 |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                     |                               |                         |                  |          |              |                        |         |                 |                        |
|  |  | umber Previously Pa<br>mber Previously Pa |                     |                               |                         |                  |          | und in the a | ppropriate be          | ox in c | olumn 1.        |                        |